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RE Attn: Commissioner for Patents, RE: Docket No. P2319 /

Revocation & Power of Attorney with Change of Correspondence Address & Statement
under 37 CFR 3.73(b) Submitted 10/27/2009

COVER MESSAGE

Cover Message

(KER)

Docket No. P2319

Serial No. 08/346,040

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PTO/SB/21 (07-09)

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**TRANSMITTAL
FORM**

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	08/346,040
Filing Date	11-29-1994
First Named Inventor	Suresh K. Marisetty
Art Unit	2305
Examiner Name	John Travis
Total Number of Pages in This Submission	3
Attorney Docket Number	P2319

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Statement under 37 CFR 3.73(b) (1 pg.)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks Authorization to charge and/or credit the Deposit Account 50-0221 for any underpayments or overpayments.	
CUSTOMER NUMBER: 59796		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	CUSTOMER NUMBER: 59796		
Signature	/Erik M. Metzger/		
Printed name	Erik M. Metzger		
Date	October 27, 2009	Reg. No.	53,320

CERTIFICATE OF TRANSMISSION/MAILING

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Signature	/Kyrstin Ryan/		
Typed or printed name	Kyrstin Ryan	Date	October 27, 2009

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